Appendix B

Initial record of concern – Stage 1

(to be completed by School/Central Team staff)

School/Department: *Please include the school's postcode*
Name of person raising the concern and their relationship with the School/Central Team: (e.g., Supplier, parent)
Contact telephone number:
Email Address:
Name of pupil or staff member (if relevant):
Nature of concern: What happened? When did it happen? Why did it happen? How did it happen?
What actions do you feel might resolve your concern at this stage?

External agencies involved:
Actions Taken by the School/Central Team:

Signed: …… Date: ……..……...

Staff Role: ……..…….....

Internal use:

Date concern was raised with school/Central Team staff:

Follow up actions to be completed by: